

Florida Department of State

Division of Corporations Public Access System

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From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

0715, 14831

FOREIGN PROFIT QUALIFICATION

FIRST ALTERNATIVE MORTGAGE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

, First Alterna	tive Mortgage Corp.				
words or abbre	oration; must include the word "INCORPOR viations of like import in language as will of or partnership if not so contained in the name	carl	-		
2. New York		3.			
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)		
4. 12/14/98		5.	perpetual		
(Da	ue of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		•
6. upon qualific	ation				
(Date first trans			transacted business in Florida, insert "upon qualification.") , 607.1502 and 817.155, F.S.)		
7 145 Hugueno	of Street, Suite 109, New Rochelle, NY 1	080)1		
· · ·	(Principal office	ådd	rcss)		
145 Hugueno	ot Street, Suite 109, New Rochelle, NY 1	080	1		
	(Current mailing	áđđ	(C35)	23	
g_ mortgage ler	der		D 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	¥b8.	
(Ригрове	(s) of corporation authorized in home state c	n ec	unury to be carried out in state of Florida)	29	二三
9. Name and <u>st</u>	reet address of Florida registered age:	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	PH 12:	<u> </u>
Name:	NRAI Services, Inc.		——— . — — . — — — — — — — — — — — — — —	12	
Office Address:	528 E. Park Avenue	*		09	
	Tallahassee		, Florida 32301		
	(City)	_	(Zip code)		
Having been na designated in th further agree to duties, and I am	is application, I hereby accept the appo	inti les i	ice of process for the above stated corporation at the pa ment as registered agent and agree to act in this capac relative to the proper and complete performance of my of my position as registered agent.	in I	

Joseph Mirrione. P

11. Attached is a certificate of existence duty authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

	CCTORS
	Peter J. Cohen
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	Peter J. Cohen
	145 Huguenot Street, Suite 109, New Rochelle, NY 10801

(Typed or printed name and capacity of person signing application)

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State of New York Department of State

I hereby certify, that the Certificate of Incorporation of FIRST ALTERNATIVE MORTUNGE CORP. Was filled on 13/14/1999, with perpetual duration, and that a diligont examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of April two thousand and three.

Secretary of State

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